

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)**

Application Number Filing Date

10593944

Applicant(s) Laurent Caron

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1	1		1				51				
2		1		1			52				
3		2		1			53				
4		2		1			54				
5		2		1			55				
6		(1)		1			56				
7		(1)		1			57				
8		(1)		1			58				
9		(1)		1			59				
10		(1)		1			60				
11							61				
12							62				
13							63				
14							64				
15							65				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	1		1		0						
Total Depend	12	↔	9	↔	0	↔					
Total Claims	13	██████	10	██████	0	██████					